MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-027323

DEP.	ARTI	MEN	IT C)FP(, 8 L ((C HEALTH AND WELFAR 042	STATE FILE N	NUMBER
DO NOT WRITE ON THIS STUB			ENDE		- R	Registration District NoRegistrat's NoRegistrat's NoRegistrat's No	. , ,	<u> </u>
						1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decesse	1	: Residence before
VS 300		3	}		1	a. COUNTY Buchanan a. STATE Missouri b. COUN	1	admission)
Rev. 4/59	AMENDED	5	1 }	١ .	1-	b. CITY (If autside corporate limits, give TOWNSHIP only) CR Length of stay in 1b CR OR		Inside Limits
	Į.	ξ	1	۱	1	Town St. Joseph, Life Town St. Joseph.		Yes 😾 № 🗆
5/17	Ā	X	1	1	-	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If out ADDRESS	staide, give location)	Reside on Farm
2 5117	DATE	<u> </u>			I _	INSTITUTION 2688 Fairleigh Terrace . Yes M No ADDRESS 2688 Fairle	eigh Terrace	Yes 🗆 No 🔂
3 2	1 =	+	\forall	 		3. NAME OF DECEASED First Middle Last 4. DATE (Type or print) HENRIFITE L. HOLMAN OF	Month Day	Year
				١		AKA YETTA L. HOLMAN DEATH	July 1	<u> </u>
4 /			1	١	1 -	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birth		AR IF UNDER 24 HR
5 2		-	1	1	_	Female White Widowed Divorced Aug. 26, 1883 79		
6	اي		11	۱	Ī	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or coulduring most of working life, even if retired)		F WHAT COUNTRY
	š		1	1	I _	during most of working life, even if retired) Housewife Own Home St. Joseph, Missou	TI U.S.A.	<u> </u>
7 0	FOLIC		1		13		ME OF HUSBAND OR WIF	r c
Я	S S				14		n O. Holman	
041	<			1		Yes, no, or unknown) (If yes, give war or dates of servi		2a.w=
- I	ARE			 <u> -</u>		NO Mrs. Orval Althl_Pft: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		Pent INTERVAL BETWEEN
10	l ⁻ l	1	1 1	・・・・フ	•	PARE I. DEATH WAS CAUSED BY:	حيس ا	ONSET AND DEATH
	,	ال	1 '		1		المديدة أمالك	14
11				CUMEN		IMMEDIATE CAUSE (a) <u>Arterio seleratio Teart La</u>	upeou !	12 300.
				OCUME		Conditions, if any, DUE TO (b) Asterio Selerate Theory & Conditions, if any, DUE TO (b) Asterio Selerate Theory & Conditions of any, DUE TO (b)	tenosis	12 719.
1290-0	IIS RECORE			DOCUME		Conditions, If any, which gave rise to	upeou !	12 yss.
1290-0	THIS RE			DOCUME		Conditions, If any, which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c) DUE TO (c)	upeou !	12 yrs.
1290-0	ON THIS RECORE			DOCUME	NC	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal	PART III. If deceased	/2 yes.
1290-0 13 /-0	ON THIS RE			DOCUME	CATION	Conditions, If any, which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c) DUE TO (c)	PART III. if deceased there a pregr	12 years.
1290-0 13 /-0	ON THIS RE			DOCUME	TIFICATION	Conditions, If any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased there a pregr	was female was nancy in last 90 days.
1290-0 13 /-0	ON THIS RE		1/3.)// DOCUME	. CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased there a pregr	was female was nancy in last 90 days.
1290-0 13 /-0	ON THIS RE		18.	DOCUME	ICAL CERTIFICATION	Conditions, If any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury Contribution of the contribution of t	PART III. If deceased there a pregr	was female was nancy in last 90 days.
1290-0 13 /-0	THIS RE		16.	DOCUME	MPDICAL CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury PERFORMED? YES NO NO North, Day, Year p.m.	PART III. If deceased there a pregramquery in PART I or PART	was female was nancy in last 90 days. No Unknown II of item 18.)
1290-0 13 /-0	ON THIS RE		3/ 1/5	DOCUME	4 MEDICAL CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of initing the property of the prop	PART III. If deceased there a pregr	was female was nancy in last 90 days.
1290-0 13 /-0 NORBINON	AMENDMENTS ON THIS RE	INSIEWO	100	DOCUME	P. H. MIDICAL CERTIFICATION	Conditions, If any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury performed) 20c. TIME OF How Month, Day, Year INJURY e.m. p.m. 120d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, but not related to the terminal performed injury perform	PART III. If deceased there a pregr	was female was nancy in last 90 days. No Unknown Il of item 18.)
1290-0 13 /-0 NORBINON	AMENDMENTS ON THIS RE	INSIEWO		DOCUME	THE H. WEDICAL CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury PERFORMED? YES NO 20 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 120d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK 21e.) 21. I attended the decessed from 1 - 2 - 6 - 2 - 16 - 2 - 16 - 4 - 3 - 3 - 4 - 2 - 6 - 4 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	PART III. If deceased there a pregramity in PART I or PART COUNTY	was female was nancy in last 90 days. No Unknown II of item 18.)
1290-0 13 /-0 NORBINON	READ INSTEA	KEAD	100	DOCUME	Senne, H. Webical Certification	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of inject of the inject of the inject of the inject of inject of the inject of inject o	PART III. If deceased there a pregramity in PART I or PART COUNTY	was female was nancy in last 90 days. No Unknown Il of item 18.)
1290-0 13 /-0 NORBINON	READ INSTEA	KEAD	100	OF DOCUME	(. Sonne, H. Madical Certification	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of information in PART I (a) 20c. TIME OF Hour Month, Day, Year INJURY p.m. 120d. INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, later and last saw her farm, factory, street, office bidg., etc.) 21. I attended the deceased from 1 2 4 12:40 PM m on the date stated above, and to the best of meaning the property of the part of t	PART III. If deceased there a pregramity in PART I or PART COUNTY	was female was nancy in last 90 days. No Unknown Il of item 18.) STATE Causes stated.
BLACK INK OR RITER RIBBON	AMENDMENTS ON THIS RE	KEAD	100	VIT OF DOCU	H. C. Sonne, H. MOICAL	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20b. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of initivity p.m. 20c. TIME OF Hout Month, Day, Year INJURY a.m. INJURY OCCURRED SUICIDE 100 PLACE OF INJURY (a.g., in or about home, while AT WORK 100 Place of Injury (a.g., in or about home, last and last saw her live Death occurred at 12:40 PM m on the date stated above, and to the best of m. 22b. SIGNATURE (Degree or Itile) 22b. ADDRESS 113 N 7 M M.	PART III. If deceased there a pregramity in PART I or PART COUNTY con	was female was nancy in last 90 days. No Unknown Il of item 18.) STATE 22c. DATE SIGNED 7-/2-63
1290-0 13 /-0 NORBINON	SHOULD READ INSTEAD	SHOOLD KEAD		VIT OF DOCU	H. C. Sonne, H. MOICAL	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO D 20c. TIME OF Hour Month, Day, Year NIJURY a.m. P.m. 20d. INJURY OCCURRED HOMICIDE AT WORK A.M. P.m. 120d. INJURY OCCURRED For the p.m. 20d. INJURY OCCURRED FOR	PART III. If deceased there a pregrammy in PART I or PART COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	was female was nancy in last 90 days. No Unknown II of item 18.) STATE 22c. DATE SIGNED 7-/2-63 (State)
1290-0 13 /-0 NORBINON	NO SHOULD READ INSTEA	NO. SHOOLD READ	100	FFIDAVIT OF DOCU	H.C. Sonne, H. Mabical	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO D 20c. TIME OF Hour Month, Day, Year NIJURY a.m. P.m. 20d. INJURY OCCURRED HOMICIDE AT WORK A.M. P.m. 120d. INJURY OCCURRED For the p.m. 20d. INJURY OCCURRED FOR	PART III. If deceased there a pregrammy in PART I or PART COUNTY COU	was female was nancy in last 90 days. No Unknown II of item 18.) STATE 22c. DATE SIGNED 7-/2-63 (State)
1290-0 13 /-0 NORBIN	SHOULD READ INSTEAD	NO. SHOOLD READ	200	VIT OF DOCU	A. C. Senne, H. Mybical	Conditions, if any, which gave rise to above cause (a), stating the underlying cause (a), stating the underlying cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? OCTIME OF Hour Month, Day, Year NIJURY (a.g., in or about home, p.m. 20d. INJURY OCCURRED Farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bidg., etc.) 21. I attended the deceased from 1-2-4 To 7-1-43 and last saw her slive Death occurred at 12:40 PM m on the date stated above, and to the best of memory and	PART III. If deceased there a pregrent there a pregrent there a pregrent to the part of th	was female was nancy in last 90 days. No Unknown II of item 18.) STATE 22c. DATE SIGNED 7-/2-63 (State)

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STATEMENT BY LICENSED EMBALMER

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

by			· - · -		, Student Emb	almer No	
rking under my	personal supervision		·				//
dent		7 - 1 - 1	Signed		004		Miller
	Signature of Student Embe	ilmer					
		-	_	, L	icensed Embalme	r No.	/ / ////
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